Application Number	Filing Date
CLAIMS ONLY	
Applicant(s)	
* May be used for additional claims or amendments	
CLAIMS AS FILED AFTER FIRST AFTER SECOND	•
AMENDMENT AMENDMENT Indep Depend Indep	epend Indep Depend Indep Depend
1 51	
2 52	
3 / 53 54	',
55 55	,
6 1 56	-1,
7 / / 55 58	_/ _ _ _
1 59 59 59 59 59 59 59 59 59 59 59 59 59	1
10 60	- 1 -
11 / 61	,
13 63	
14 / 64 -	
15 / 65 66 66 66 66 66 66 66 66 66 66 66 66	
47 67	1
16 / 68	
70	/
21 71	', ; - - - - - - - -
22 / / 73	-,
24 74 7	
25	
26 / 76 / 77	-,
28 78	/
29 / 79	
30 / 80	-,
31 / 81 82	
33 83	
34 1 84 35 . 85	
36 / 86	
37 87 87	
38 / 88 89	
40 , 90	
41 91 92	
42 / 92 93	
44 / 94	
45. , 95 46 , 96	
47 97	
48 98	
49. / 99 50 / 100	
Total I Total	
Indep Indep	│
Total Depend Depend	,
Total Claims	

BEST AVAILABLE COPY